

# Case History of a Mental Health Clinic

By ALICE H. COLLINS

**I**N MASSACHUSETTS, the Mental Health Clinic Association of Holyoke, Chicopee and Northampton Area, Inc., came into being in 1953 because, here as elsewhere, World War II brought about a greater familiarity with psychiatric concepts and an increasing understanding of the cost to the community of the problems arising from neglected emotional disorders.

In the long period of preparation—more than 20 years—the concept of psychiatric social service for the tri-city area evolved from that of a small treatment unit, originally planned for Holyoke, to the nucleus of a mental health center serving a highly industrialized area of 160,000 and having infinite possibilities of further expansion.

The concept of areawide service was realized through the leadership of the Junior League in Holyoke and with the cooperation of the Massachusetts State Department of Mental Health as well as many local professional and community leaders. Careful surveys of existing needs before the project became a set plan and a realistic approach to financing eventually demonstrated the values of an area plan of high professional standards.

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*Mrs. Collins is the head psychiatric social worker of the area mental health clinic described in this account. The clinic, a joint undertaking of the Massachusetts State Department of Mental Health and of the Mental Health Clinic Association of Holyoke, Chicopee and Northampton Area, Inc., is located at 326 Appleton Street, Holyoke, Mass.*

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The story behind the establishment of our mental health clinic is one of long delays, disappointments, and modifications in various plans to bring the final project to a useful life.

## Over a Long Period

In 1930, a group of young women in Holyoke formed a Junior Service Corps with a view to qualifying for membership in the Association of Junior Leagues of America, an organization with a nationwide reputation for volunteer service and for financial underwriting of worthy community projects. The qualification finally took place in 1940.

The junior corps chose among its first projects in 1931 to support a traveling child guidance clinic which was maintained by the nearby State mental hospital and which was about to terminate its service because of lack of funds.

The young league continued its support of the clinic until 1942, when the demands of World War II on psychiatric personnel caused a deterioration in the clinic's service to the point where it seemed wise to end its sponsorship.

During the 10-year period of sponsoring the child guidance clinic, the league gained an understanding of psychiatric and allied fields and acquired a first-hand knowledge of the problems faced by mental health services.

Experience had proved that child guidance clinics, while extremely useful, could treat only a limited few, partly for the familiar reasons of lack of qualified personnel and inadequate financing, but also because such treatment had no hope of success unless other elements in the

child's life were also contributing positively to his better adjustment.

The Junior League again had first-hand contact with the field of mental health in 1948, when it was proposed that the group provide funds for psychiatric social work in a day care center. Such service, it was thought, could accomplish much for the children and their parents and might be extended to other local day care centers.

Investigation indicated, however, that the financial burden of the proposed project would be too heavy and that the community had more need for consolidation of services than for expansion of services. So the search continued for some feasible method of supplying psychiatric services in Holyoke.

In the winter of 1949-50, the league investigated possible new projects for which its children's fund could be used. Among the possibilities suggested was that of a mental health clinic for children, to be established in the local schools, and to be financed with State and local school funds. It was proposed that the league lay the foundation for getting the clinic under way and perhaps supply it with some financial and volunteer assistance when it was established. But it soon became clear that this project would require far more than league sponsorship.

In investigating the community's resources during this period, contact was made with the community organization expert of the Massachusetts State Department of Mental Health. His interest was to be of enduring usefulness since he not only met with the league members who were searching out possible projects, but he remained in constant touch with the group and was invaluable in encouraging and finally bringing the developing clinic to a successful culmination.

Together, the professional organization expert, the superintendent and assistant superintendent of the Holyoke schools, and the executive secretary of the Holyoke Community Council formed a small planning committee.

In line with the State mental health department's philosophy that "each community health program should serve an area with a population between 100,000 and 200,000," it was proposed

that the plan for the mental health clinic be extended beyond Holyoke to include Chicopee, Easthampton, Northampton, and South Hadley, Mass.

The Holyoke group was willing to accept this expansion of its original concept and to modify its plans from those of a local center to an area center. Representatives of the proposed area were invited to subsequent meetings of the planning committee. The pressing need for a clinic was voiced by all members of this new steering committee, which by now represented the fields of medicine, education, and social welfare.

Further exploration into the need for the clinic was then undertaken. Questionnaires were sent to physicians, schools, children's agencies, veterans groups, departments of public welfare, boards of health, and nursing associations. The replies pointed up the need for inservice training courses for professional personnel and for high quality in diagnosis and treatment.

Believing it worth while to explore the area's need even still more carefully, the steering committee met with top educators and local medical societies. Members of public and private social agencies, the city solicitor, and representatives of the probation department, women's clubs, and the clergy were present at one large meeting. Other meetings sought, in order to reach such groups as industry and the courts and labor organizations, to study the legal and economic aspects of the proposed mental health service. Various individuals brought to the meetings their point of view of the need and value to the community of enlightened psychiatric services.

### **A Major Setback**

After these numerous meetings, formal application was made for Federal grant-in-aid. Unfortunately, owing to the demands of the Korean action, the application was not acted upon favorably, but encouragement was held out for the future.

It is evidence of the strength of the structure erected by the steering committee that this setback in its carefully documented plan did not cause it to disintegrate or to turn to other, less

frustrating projects. It is evidence, too, of the wisdom of bringing into the planning representatives of many fields whose practical needs now encouraged the league to sustain its interest in spite of the serious reverse.

The Holyoke Junior League showed some interest in reverting to the original plan of providing a service for Holyoke alone, and there was some exploration of the possibility of organizing a small clinic as part of the Holyoke Hospital's outpatient service. But these suggestions only served to strengthen the conclusion that a clinic must spread its influence into the community and that there was need among the community's professional workers for psychiatric consultation. It was believed that a very small clinic with its necessarily limited caseload would not have enough effect on the community if the only contact of the staff with the community were a direct one with the patients.

In the year 1951-52, when the prospects for the original plan to establish mental health services for Holyoke seemed to be even more obscure than ever, much progress was actually being made.

It might even be postulated that the long period of preparation for the clinic and the unwavering interest in realization of the project, in spite of the many setbacks, were major factors in assuring ultimate success.

Increasingly, the continuing members of the steering committee, meeting informally, came to see their project in much the same light as the whole problem of mental health service was being appraised nationally—not as the establishment of a treatment clinic alone, but as a focus for mental health activity through an entire area.

They began to think in terms not only of providing psychiatric outpatient care for the many individuals in the community who were in need of such help but of a long-range and fluid program for improving the mental health of the whole area.

#### **Help From the State**

The State department of mental health, in making its survey of the services then available in the State in order to determine the

direction of its own future growth, based its thinking on a philosophy of prevention of mental ills. In planning for new clinical facilities, the department considered as a prime requisite the readiness of the community to accept such concepts.

The department expressed the philosophy of its mental health program in the *Mental Health News Letter* of the Massachusetts Association for Mental Health (June-July 1953):

"The State will join with any responsible and representative community group to work towards bringing to the community a mental health and psychiatric clinic program. By responsible we mean that the community group must be dedicated to the continuing job of mental health promotion in the community. It must be able to provide funds on an annual basis from an annual drive, community chest, or other sources. It must be able to write checks, employ personnel, and provide quarters, equipment, and supplies. It has to take a very active part in mental health education, interpreting the function of the mental health program to the community. Furthermore, it must interpret community needs to the professional staff and help it in formulating policies concerning the overall operation of the mental health program."

The department of mental health recognized that although the steering committee had no formal organization it met the requirement of being a responsible and representative group. Consequently, when its survey corroborated the need for psychiatric services in the Holyoke area, the department chose to place a new community clinic there.

Notice came to the steering committee in September 1952 that funds would be immediately available from the department for the establishment of professional psychiatric services.

The committee called a number of meetings to form an association which would assist the State department of mental health by providing clinic space, secretarial service, and maintenance funds. The department made it clear that it would cooperate, as closely as consistent with good professional practice, in carrying out the policies of the association as they represented community needs.

All of the areas that had shown an interest in the formation of the original clinic were now organized under the name of the Mental Health Association of Holyoke, Chicopee and Northampton Area, Inc. A constitution and bylaws were adopted; a board of directors and officers were elected; and application for incorporation was made.

An advisory committee, representative of all the communities and of medicine, education, nursing, social welfare, and the clergy, was formed. One of its early functions was the determination of admission and fee policies. Later, it made known to the clinic some of the problems of local physicians and attempted to find some solutions. This committee has continued to meet, advising on community needs and attitudes.

One of the first responsibilities faced by the board of directors was the raising of funds to cover rent and secretarial and general office expense, and to purchase office equipment. The estimated association budget for the first 18 months of operation was \$10,000; professional salaries were met by the State.

With these funds in hand, it was possible to secure sufficient personnel to provide some professional service by November 15, 1952. The clinic opened as a community health service on February 8, 1953. Treatment was offered for children and their families; consultation was available to physicians and other professional groups in the area; and a program of mental health education was begun.

From the start, the clinic was open 5 days a week, 8½ hours a day, from 8:45 a. m. to 5:15 p. m. The staff consisted of a full-time psychiatrist, a psychologist, a psychiatric social worker, and a secretary.

In July 1954, when a need for the expansion of services was already being demonstrated, the association asked the State department of mental health for more staff. At the same time, it agreed to provide the additional office space and secretarial help. The department was able to provide a clinical psychologist for the newly created departmental position of mental health consultant. His main function was to work with the schools of the area. When it appeared that the department could not provide the part-

time social worker the association had also requested, the association itself took on this responsibility.

At first, housing the clinic was a serious problem, for the clinic operated in rooms donated by the school department, in the beginning in the basement of a school, then in the empty classrooms of an abandoned schoolhouse. Rooms were eventually found in a centrally located office building, and additional space was leased as the clinic's needs increased. In its present location, the clinic is accessible to the whole area it serves; it is no more than a half hour away from any part of the communities.

Each participating community was given an estimate of its share in the budget, arrived at through a rough estimate of population, and was asked to raise the amount in its own way. Care was taken that the association representatives in the communities thoroughly understood the clinic functions, and in the consequent appeal letters and newspaper stories used for money-raising purposes the interpretation of the clinic's work was emphasized.

The success of the funds-raising project varied in the communities although the sum needed was collected. In attempting an informal analysis of reasons for this variation, some felt that one difficulty arose because the incorporation of the clinic was not completed before the drive began. If this had been foreseen, the incorporation papers could have been obtained in an earlier planning phase.

### **The Clinic in Operation**

The present staff consists of a full-time psychiatrist, who is the director of the clinic, a psychologist, the mental health consultant, a full-time head psychiatric social worker, a part-time social worker, and two secretaries, one full-time and one part-time. It is believed that this staff will serve to meet the clinic's needs for the next few years and that the same pattern of a joint undertaking between the association and the department of mental health will continue to apply when further expansion becomes necessary. The present annual budget of the association is \$9,950, and that of the State department of mental health is \$19,900.

No exact formula for dividing the financial responsibility is in existence, nor is this envisaged. Rather, the concept of responsibility is one of joint planning and participation within the capabilities of the State group and the local group.

The communities plan to raise their share of the association funds through the community chest or as part of the school budget and public health funds. There is still some individual solicitation, but it is planned to have this kept at a minimum in the future with the stress on community support of a community agency whose presence is of value both directly and indirectly. Plans are being worked out for social agencies to pay for the consultant services available, and some are already doing so on a retainer rather than on an hourly fee basis.

The clinic accepts for treatment children between the ages of 2 and 18. While no formal

statement is made as to eligibility, it is understood by the staff that there must be some selection of cases in order to function at all adequately. Therefore, the emphasis in selection is on the type of emotional disturbance which can be expected to improve with intensive (weekly) treatment over 6 months to 1 year.

Since the philosophy of the clinic is based on the premise that part of clinical responsibility lies in the field of prevention, consultation work is done regularly or on a request basis with teachers, social agency personnel, the courts, and the clergy.

The acceptance and widening use of the consultation service would indicate that this is an additional service toward meeting the demands of the community and helping those who work with children to understand them better and to improve the mental health climate for all children in the entire area.



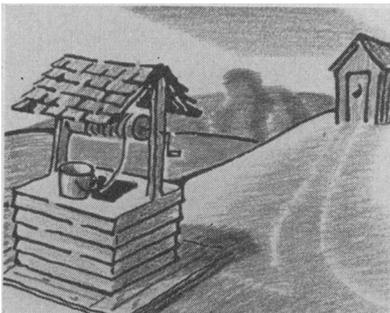
### The Dug Well— Sanitary Aspects

35 mm. filmstrip, sound, color, 10 minutes, 72 frames. 1954.

**Audience:** Sanitary engineers, sanitarians, public health inspectors, and others interested in water supplies.

**Available:** Loan—Public Health Service, Communicable Disease Center, 50 7th St., NE., Atlanta 5, Ga. Purchase—United World Films, Inc., 1445 Park Ave., New York 29, N. Y.

Public health aspects of dug wells are portrayed in this filmstrip. Em-



**Pit privy is source of pollution to dug well.**

phasis is placed on site selection for a well and on construction principles, methods, and materials to be used to best advantage for the location. Types of pumps are demonstrated and the proper installation of each explained. Water sampling and disinfecting techniques are included in the study.

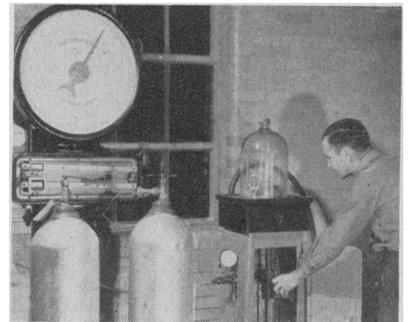
### A Large Water Treatment Plant

35 mm. filmstrip, sound, color, 12 minutes, 84 frames. 1954.

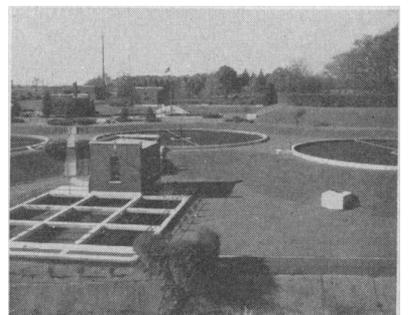
**Audience:** Sanitarians, sanitary engineers and trainees, and others interested in modern water treatment plants.

**Available:** Loan—Public Health Service, Communicable Disease Center, 50 7th St., NE., Atlanta 5, Ga. Purchase—United World Films, Inc., 1445 Park Ave., New York 29, N. Y.

Designed to be shown in lieu of making a field trip or to supplement a field trip, the filmstrip shows the equipment of a large modern water treatment plant. It takes the viewer through the plant, beginning with the raw water and intake facilities and structures and following through the chemical treatment, coagulation and settling processes, and the filtering



**Adjusting a chlorinator.**



**Panoramic view of a trickling filter plant.**

and chlorinating operations. The corrosion control equipment is also pictured.